

Acute Measure Workgroup "Yes" Measures by Proposed Scoring - October 6, 2014																					
Measure Information							Scoring														
#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Total Selection Criteria Points	Based on readily available data	Measure-specific comments for Criterion A	Nationally-vetted (e.g. NQF endorsed)	Aligned with measures in other WA and national measure sets	Measure-specific comments for Criterion C	Significant potential to positively impact health outcomes	Measure-specific comments for Criterion D	Significant potential to reduce costs	Measure-specific comments for Criterion E	Sufficient denominator size	Measure-specific comments for Criterion F	If provider-focused, the provider can impact the outcome	Measure-specific comments for Criterion G	
14	Appropriate Testing for Children with Pharyngitis (CWP)	0002	NCQA	Pediatric	Claims	Percentage of children ages 2 to 18 that were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test for the episode	12	Yes		Yes	Somewhat	2	Yes	comm and M'aid both at nat'l avg & below 90th %	Somewhat		Yes		Yes		
20	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	0058	NCQA	Avoidance of Overuse	Claims	The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.	13	Yes		Yes	Yes	4	Yes	commercial and Medicaid both at nat'l avg and below 90th percentile	Somewhat		Yes		Yes		
H-28	HCAHPS - Cleanliness and Quietness of Hospital Environment - Communication about Medicines - Communication with Doctors - Communication with Nurses - Discharge Information - Pain Management - Overall Rating of Hospital - Responsiveness of Hospital Staff - Willingness to Recommend	0166	CMS	Patient Experience	Survey	27-items survey instrument with 7 domain-level composites: Two composites were chosen by the workgroup, communication about medications and discharge information	12	Yes		Yes	Somewhat	2	Yes	at the national average nat'l: 70%, WA: 70%	Somewhat		Yes		Yes		
H-41	MORT-30-AMI: Heart Attack Mortality	0230	CMS	Cardiac: Mortality	Claims	The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR), defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI). CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.	12	Yes		Yes	Yes	3	Yes		Somewhat	Ask the workgroup	Somewhat	44 out of 100 hospital reports	Yes		

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49	Follow-Up After Hospitalization for Mental Illness (FUH)	0576	NCQA	Behavioral Health	Claims	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an OP visit, an intensive OP encounter, or partial hospitalization with a mental health practitioner. Two rates are reported: 1) the percentage of members who received follow-up within 30 days of discharge, 2) the percent of members who received follow-up within 7 days of discharge	9	Yes		Yes	Somewhat	2	Yes	comm below 90th %; Medicaid below nat'l avg	Somewhat		Somewhat	at a population level only (county, region, health plan) not at medical group level		
94	Plan All-Cause Readmission (PCR)	1768	NCQA	Hospital Readmissions/ Care Transitions	Claims	For patients 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories: 1. Count of Index Hospital Stays* (denominator) 2. Count of 30-Day Readmissions (numerator) 3. Average Adjusted Probability of Readmission	13	Yes		Yes	Yes	3	Somewhat	comm near but below 90th %; no M'aid benchmrk	Yes		Yes		Yes	
247	Percent of Patients with Five or More Visits to the Emergency Room without a Care Guideline	NA	NA	Potentially Avoidable Care	WSHA	Percent of Patients with Five or More Visits to the Emergency Room without a Care Guideline	10	Yes	WSHA supplies data	No	Somewhat	Medicaid only measure today	Yes		Yes		Somewhat		Yes	
248	Falls with Injury Per Patient Day (adult acute care and rehabilitation only)	0202	American Nurses Association	Patient Safety	WSHA	Falls with Injury Per Patient Day (adult acute care and rehabilitation only)	6	Yes	WSHA supplies results	Yes	No		Yes		No		No			
H-69	Potentially Avoidable ED visits	NA	Medi-Cal	Potentially Avoidable Care	Claims	Avoidable emergency visits	10	Yes		No	Somewhat	Alliance using today	Somewhat		Yes		Yes		Yes	

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H-20	HAI-2: CAUTI: Catheter-Associated Urinary Tract Infection	0138	CDC	Patient Safety	WHSA	Standardized Infection Ratio (SIR) of healthcare-associated, catheter-associated urinary tract infections (CAUTI) will be calculated among patients in the following patient care locations: <ul style="list-style-type: none">Intensive Care Units (ICUs) (excluding patients in neonatal ICUs [NICUs: Level II/III and Level III nurseries])Specialty Care Areas (SCAs) - adult and pediatric: long term acute care, bone marrow transplant, acute dialysis, hematology/oncology, and solid organ transplant locationsother inpatient locations (excluding Level I and Level II nurseries). Data from these locations are reported from acute care general hospitals (including specialty hospitals). freestanding long term	14	Yes	WHSA supplies data	Yes	Yes		Yes		Yes		Yes			Yes	
H-99	STK-4: Thrombolytic Therapy	437	The Joint Commission	Stroke	Clinical Data	This measure captures the proportion of acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.This measure is a part of a set of eight nationally implemented measures that address stroke care that are used in The Joint Commission's hospital accreditation and Disease-Specific Care certification programs.	11	Yes	data available in Hospital Compare	Yes	Somewhat	1	Yes		Yes		No	8 out of 100 hospitals reporting	Yes		
H-63	PC-02: Cesarean Section - NTSV C-Section [Nulliparous (first baby), Term (>37 weeks), Singleton (one baby), and (head down)]	0471	The Joint Commission	Obstetrics	Claims and Data	This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section. This measure is a part of a set of five nationally implemented measures that address perinatal care.	11	Somewhat	WSHA supplies results	Yes	Somewhat	1	Somewhat		Yes		Yes		Yes		
118	Use of Imaging Studies for Low Back Pain	0052	NCQA	Avoidance of Overuse	Claims	This measure calculates the percentage of patients 18-50 years with a diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis	12	Yes		Yes	Yes	2	Somewhat	Higher than national average; but still room for improvement	Somewhat		Yes		Yes		

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H-75	PSI-90: Complications/Patient Safety for Selected Indicators (Composite)	0531	AHRQ	Patient Safety	Claims	A composite measure of potentially preventable adverse events for selected indicators The weighted average of the observed-to-expected ratios for the following component indicators: <ul style="list-style-type: none">• PSI #3 Pressure Ulcer Rate• PSI #6 Iatrogenic Pneumothorax Rate• PSI #7 Central Venous Catheter-Related Blood Stream Infection Rate• PSI #8 Postoperative Hip Fracture Rate• PSI #9 Perioperative Hemorrhage or Hematoma Rate• PSI #10 Postoperative Physiologic and Metabolic Derangement Rate• PSI #11 Postoperative Respiratory Failure Rate• PSI #12 Perioperative	7	Yes		Yes	No		Yes		Somewhat		No			